

# 2001

## Insurance Premium Rates

**Important Reminder:** Payroll deductions for the insurance plans will be made each payday, a total of 26 paydays per Calendar Year. Premiums listed reflect the bi-weekly payroll deduction. Actual premium deduction may vary by 1 or 2 cents due to rounding.

**The following medical insurance plan costs include the cost of the Managed Mental Health Substance Abuse Program.**

### Medical Insurance Plan Costs

	County Contribution 75% to 100% Of Full Time	Employee Cost	County Contribution 50% to 74% Of Full Time	Employee Cost
<b><i>CIGNA Prime Option Plus With Basic SightCare Benefit</i></b>				
Employee Only	\$ 96.94	\$ 29.35	\$ 63.01	\$ 63.28
Employee plus Spouse	\$169.38	\$ 83.19	\$110.10	\$142.47
Employee plus Child(ren)	\$144.03	\$ 64.33	\$ 93.62	\$114.74
Employee plus family	\$216.48	\$118.18	\$140.71	\$193.95
<b><i>CIGNA Prime Option Plus With Optional Enhanced SightCare Benefit</i></b>				
Employee Only	\$ 97.38	\$ 30.34	\$ 63.29	\$ 64.42
Employee plus Spouse	\$170.04	\$ 84.92	\$110.53	\$144.43
Employee plus Child(ren)	\$144.59	\$ 65.75	\$ 93.98	\$116.35
Employee plus family	\$217.43	\$120.89	\$141.33	\$197.00
<b><i>CIGNA Prime Option With Basic SightCare Benefit</i></b>				
Employee Only	\$ 96.94	\$ 5.10	\$ 63.01	\$ 39.03
Employee plus Spouse	\$169.38	\$ 34.69	\$110.10	\$ 93.97
Employee plus Child(ren)	\$144.03	\$ 24.34	\$ 93.62	\$ 74.75
Employee plus family	\$216.48	\$ 53.93	\$140.71	\$129.70
<b><i>CIGNA Prime Option With Optional Enhanced SightCare Benefit</i></b>				
Employee Only	\$ 97.38	\$ 6.09	\$ 63.29	\$ 40.17
Employee plus Spouse	\$170.04	\$ 36.42	\$110.53	\$ 95.93
Employee plus Child(ren)	\$144.59	\$ 25.75	\$ 93.98	\$ 76.36
Employee plus family	\$217.43	\$ 56.64	\$141.33	\$132.75
<b><i>CIGNA HMO With Basic SightCare Benefit</i></b>				
Employee Only	\$ 96.94	\$ 4.78	\$ 63.01	\$ 38.71
Employee plus Spouse	\$169.38	\$ 34.04	\$110.10	\$ 93.32
Employee plus Child(ren)	\$144.03	\$ 23.79	\$ 93.62	\$ 74.20
Employee plus family	\$216.48	\$ 53.06	\$140.71	\$128.83
<b><i>CIGNA HMO With Optional Enhanced SightCare Benefit</i></b>				
Employee Only	\$ 97.38	\$ 5.76	\$ 63.29	\$ 39.85
Employee plus Spouse	\$170.04	\$ 35.77	\$110.53	\$ 95.28
Employee plus Child(ren)	\$144.59	\$ 25.20	\$ 93.98	\$ 75.81
Employee plus family	\$217.43	\$ 55.78	\$141.33	\$131.88
<b><i>HealthSelect with Enhanced SightCare Benefit</i></b>				
Employee Only	\$ 96.94	\$ 0.00	\$ 96.94	\$ 0.00
Employee plus Spouse	\$169.38	\$16.02	\$169.38	\$16.02
Employee plus Child(ren)	\$144.03	\$12.48	\$144.03	\$12.48
Employee plus family	\$216.48	\$37.57	\$216.48	\$37.57

## ***Dental Insurance Benefits Costs***

	<b>Bi-weekly County Contribution</b>	<b>Bi-weekly Employee Cost</b>
<b><i>Protective Dental</i></b>		
Employee Only	\$ 1.86	\$ 1.86
Employee plus Spouse	\$ 4.11	\$ 4.11
Employee plus Child(ren)	\$ 4.23	\$ 4.23
Employee plus family	\$ 5.52	\$ 5.52
<b><i>Concordia Dental</i></b>		
Employee Only	\$ 5.62	\$ 5.62
Employee plus Spouse	\$12.38	\$12.38
Employee plus Child(ren)	\$13.38	\$13.38
Employee plus family	\$17.21	\$17.21

You must have a “Qualified Family Status Change” as defined by the Internal Revenue Service under the Section 125 Code in order to change your medical, dental or reimbursement accounts after January 1, 2001. Please review the “Know Your Benefits” Brochure for further information on how to make changes to your insurance plans during the course of the plan year.

## ***Short Term Disability Plan Costs***

Paid by Employee

**Multiply Your Bi-weekly Base Pay By The Following Rate:**

**Bi-weekly Rate Multiple of Pay**

◆ 50% of Bi-weekly Base Salary (\$2,000 maximum benefit)	0.0050
◆ 60% of Bi-weekly Base Salary (\$2,000 maximum benefit)	0.0060
◆ 70% of Bi-weekly Base Salary (\$2,000 maximum benefit)	0.0070

## ***Basic Life Insurance Costs***

### ***Basic Life with enhanced Accidental Death & Dismemberment (AD&D)***

**1X Salary** Paid by Maricopa County

### ***Supplemental Term Life Insurance Accidental Death & Dismemberment (AD&D)***

Paid by Employee.

### ***Terminal Illness; Portability; Accidental Death & Dismemberment (AD&D)***

Paid by Employee. When you are first hired, you can elect 1,2,3 or 4 Times Annual Salary up to \$300,000 (\$500,000 with approved medical evidence). You may increase your coverage by one level during open enrollment without providing evidence of good health. Cost per \$1,000 of coverage and by age as of birthday month:

	<b>2001 Bi-weekly per \$1,000 of Coverage Smoker</b>	<b>2001 Bi-weekly per \$1,000 of Coverage Non-Smoker</b>
Under age 25	\$0.046154	\$0.032308
25-29	\$0.050769	\$0.036923
30-34	\$0.055385	\$0.046154
35-39	\$0.092308	\$0.050769
40-44	\$0.129231	\$0.064615
45-49	\$0.249231	\$0.110769
50-54	\$0.443077	\$0.198462
55-59	\$0.461538	\$0.253846
60-64	\$0.706154	\$0.424615
65-69	\$0.863077	\$0.600000
70 and Older	\$1.416923	\$1.116923

## ***Dependent Life Insurance Costs***

Paid by Employee

	<b>Option One</b>	<b>Option Two</b>
<b>Spouse</b>	\$5,000	\$10,000
<b>Children</b> (age 14 days to 19 years 25 years if full time student)	\$2,500	\$ 5,000
<b>Bi-weekly employee cost:</b>	<b>\$0.54</b>	<b>\$1.09</b>